

Name:

Date Received:

Authorization:

BOROUGH OF ORWIGSBURG

POOL SEWER CREDIT

Applicant Information

Service address:		
Date of Fill - Beginning:	Water Meter Read:	Accout Number:
Date of Fill - End:	Water Meter Read:	Phone Number
Signature of Applicant:		Date:
	Important Informat	tion
	lows one annual sewer credit per custome equest that a sewer credit be calculated ba	er for filling a swimming pool. Topping off a swimming base upon the information provided.
□Please provide the Borough O	ffice with proof of gallon capacity that com	nes with the purchase of the pool liner.
·	be drained into your home waste water sy	ystem I after the form is processed by the Utility Department.
□Return completed form to: Borough of Orwigsburg Utility Billing Department 209 North Warren St. Orwigsburg, PA 17961	Kmengle@orwigsburg.gov or Fax: 570-36	• • • • • • • • • • • • • • • • • • • •
	Utility Billing Credit Veri	ification

To be Completed by the Borough of Orwigsburg

Date:

Sewer Credit Amount: